POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CL4SSIFIER	𝑀𝐷	45	10/20
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Final	Original	Date								
		3/02	12/01	9/00						
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If more than 150 claims or 10 actions
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